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BIBDATASHEET

CONFIRMATION NO. 1054

Bib Data Sheet

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|---|---|-----------------------------------|--|---|
| SERIAL NUMBER 10/063,540 | FILING OR 371(c) DATE 05/02/2002 RULE | CLASS 530 | GROUP ART UNIT 1647 | ATTORNEY DOCKET NO. P3230R1C001-168 |
| APPLICANTS Audrey Goddard, San Francisco, CA; Paul J. Godowski, Hillsborough, CA; J. Christopher Grimaldi, San Francisco, CA; Austin L. Gurney, Belmont, CA; William I. Wood, Hillsborough, CA; | | | | |
| ** CONTINUING DATA ***** This application is a CON of 10/006,867 12/06/2001 which is a CON of PCT/US00/23328 08/24/2000 | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 11/27/2006 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____ | | STATE OR COUNTRY CA | SHEETS DRAWING 168 | TOTAL CLAIMS 6 |
| INDEPENDENT CLAIMS 1 | | | | |
| ADDRESS 30313 | | | | |
| TITLE ANTIBODIES TO A POLYPEPTIDE ENCODED BY A NUCLEIC ACID UNDEREXPRESSED IN ESOPHAGEAL TUMOR AND MELANOMA | | | | |
| FILING FEE RECEIVED 1040 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |



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 Austin L. Gurney, Belmont, CA;
 William I. Wood, Hillsborough, CA;

OK as 11/23/06

** CONTINUING DATA *****

This application is a CON of 10/006,867 12/06/2001 which is a CON of PCT/US00/23328 08/24/2000
 which is a CIP of 09/380,137 ABN
 which is a 371 of PCT/US99/12252 06/02/1999
 which claims benefit of 60/097,954 08/26/1998

JS 4/23/06

** FOREIGN APPLICATIONS *****

as 11/23/06

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| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged Examiner's Signature _____ Initials _____ | | | | |

ADDRESS
30313

TITLE

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